

CERTIFICATION OF ENROLLMENT

**HOUSE BILL 1471**

Chapter 319, Laws of 2013

(partial veto)

63rd Legislature  
2013 Regular Session

HOSPITALS--INFECTIONS REPORTING--FEDERAL REQUIREMENTS

EFFECTIVE DATE: 07/28/13 - Except section 2, which becomes effective 07/01/17.

Passed by the House April 26, 2013  
Yeas 96 Nays 0

FRANK CHOPP

\_\_\_\_\_  
**Speaker of the House of Representatives**

Passed by the Senate April 24, 2013  
Yeas 46 Nays 0

BRAD OWEN

\_\_\_\_\_  
**President of the Senate**

Approved May 21, 2013, 2:25 p.m., with the exception of Section 3 which is vetoed.

JAY INSLEE

\_\_\_\_\_  
**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1471** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

\_\_\_\_\_  
**Chief Clerk**

FILED

May 21, 2013

**Secretary of State  
State of Washington**

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HOUSE BILL 1471

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AS AMENDED BY THE SENATE

Passed Legislature - 2013 Regular Session

State of Washington

63rd Legislature

2013 Regular Session

By Representatives Riccelli, Schmick, Cody, Clibborn, Ross, Short, Rodne, Green, Angel, and Morrell; by request of Department of Health

Read first time 01/28/13. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to updating and aligning with federal requirements  
2 hospital health care-associated infection rate reporting; amending RCW  
3 43.70.056 and 43.70.056; providing an effective date; and providing an  
4 expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 43.70.056 and 2010 c 113 s 1 are each amended to read  
7 as follows:

8 (1) The definitions in this subsection apply throughout this  
9 section unless the context clearly requires otherwise.

10 (a) "Health care-associated infection" means a localized or  
11 systemic condition that results from adverse reaction to the presence  
12 of an infectious agent or its toxins and that was not present or  
13 incubating at the time of admission to the hospital.

14 (b) "Hospital" means a health care facility licensed under chapter  
15 70.41 RCW.

16 (2)(a) A hospital shall collect data related to health  
17 care-associated infections as required under this subsection (2) on the  
18 following:

1 (i) ~~((Beginning July 1, 2008,))~~ Central line-associated bloodstream  
2 infection in ((the intensive care unit)) all hospital inpatient areas  
3 where patients normally reside at least twenty-four hours;

4 (ii) ~~((Beginning January 1, 2009, ventilator-associated pneumonia;~~  
5 ~~and~~

6 ~~((iii) Beginning January 1, 2010,))~~ Surgical site infection for the  
7 following procedures:

8 (A) Deep sternal wound for cardiac surgery, including coronary  
9 artery bypass graft;

10 (B) Total hip and knee replacement surgery; and

11 (C) ~~((Hysterectomy, abdominal and vaginal.~~

12 ~~(b)(i) — Except — as — required — under — (b)(ii) — and — (c) — of — this~~  
13 ~~subsection,))~~ Colon and abdominal hysterectomy procedures.

14 (b) The department shall, by rule, delete, add, or modify  
15 categories of reporting when the department determines that doing so is  
16 necessary to align state reporting with the reporting categories of the  
17 centers for medicare and medicaid services. The department shall begin  
18 rule making forty-five calendar days, or as soon as practicable, after  
19 the centers for medicare and medicaid services adopts changes to  
20 reporting requirements.

21 (c) A hospital must routinely collect and submit the data required  
22 to be collected under (a) and (b) of this subsection to the national  
23 healthcare safety network of the United States centers for disease  
24 control and prevention in accordance with national healthcare safety  
25 network definitions, methods, requirements, and procedures.

26 ~~((ii) Until the national health care safety network releases a~~  
27 ~~revised module that successfully interfaces with a majority of computer~~  
28 ~~systems of Washington hospitals required to report data under (a)(iii)~~  
29 ~~of this subsection or three years, whichever occurs sooner, a hospital~~  
30 ~~shall monthly submit the data required to be collected under (a)(iii)~~  
31 ~~of this subsection to the Washington state hospital association's~~  
32 ~~quality benchmarking system instead of the national health care safety~~  
33 ~~network. The department shall not include data reported to the quality~~  
34 ~~benchmarking system in reports published under subsection (3)(d) of~~  
35 ~~this section. The data the hospital submits to the quality~~  
36 ~~benchmarking system under (b)(ii) of this subsection:~~

37 ~~(A) Must include the number of infections and the total number of~~  
38 ~~surgeries performed for each type of surgery; and~~

1       ~~(B) Must be the basis for a report developed by the Washington~~  
2 ~~state hospital association and published on its web site that compares~~  
3 ~~the health care associated infection rates for surgical site infections~~  
4 ~~at individual hospitals in the state using the data reported in the~~  
5 ~~previous calendar year pursuant to this subsection. The report must be~~  
6 ~~published on December 1, 2010, and every year thereafter until data is~~  
7 ~~again reported to the national health care safety network.~~

8       ~~(c)(i) With respect to any of the health care associated infection~~  
9 ~~measures for which reporting is required under (a) of this subsection,~~  
10 ~~the department must, by rule, require hospitals to collect and submit~~  
11 ~~the data to the centers for medicare and medicaid services according to~~  
12 ~~the definitions, methods, requirements, and procedures of the hospital~~  
13 ~~compare program, or its successor, instead of to the national~~  
14 ~~healthcare safety network, if the department determines that:~~

15       ~~(A) The measure is available for reporting under the hospital~~  
16 ~~compare program, or its successor, under substantially the same~~  
17 ~~definition; and~~

18       ~~(B) Reporting under this subsection (2)(c) will provide~~  
19 ~~substantially the same information to the public.~~

20       ~~(ii) If the department determines that reporting of a measure must~~  
21 ~~be conducted under this subsection (2)(c), the department must adopt~~  
22 ~~rules to implement such reporting. The department's rules must require~~  
23 ~~reporting to the centers for medicare and medicaid services as soon as~~  
24 ~~practicable, but not more than one hundred twenty days, after the~~  
25 ~~centers for medicare and medicaid services allow hospitals to report~~  
26 ~~the respective measure to the hospital compare program, or its~~  
27 ~~successor. However, if the centers for medicare and medicaid services~~  
28 ~~allow infection rates to be reported using the centers for disease~~  
29 ~~control and prevention's national healthcare safety network, the~~  
30 ~~department's rules must require reporting that reduces the burden of~~  
31 ~~data reporting and minimizes changes that hospitals must make to~~  
32 ~~accommodate requirements for reporting.)) If the centers for medicare~~  
33 ~~and medicaid services changes reporting from the national healthcare~~  
34 ~~safety network to another database or through another process, the~~  
35 ~~department shall review the new reporting database or process and~~  
36 ~~consider whether it aligns with the purposes of this section.~~

37       (d) Data collection and submission required under this subsection

1 (2) must be overseen by a qualified individual with the appropriate  
2 level of skill and knowledge to oversee data collection and submission.

3 (e)(i) A hospital must release to the department, or grant the  
4 department access to, its hospital-specific information contained in  
5 the reports submitted under this subsection (2), as requested by the  
6 department consistent with RCW 70.02.050.

7 (ii) The hospital reports obtained by the department under this  
8 subsection (2), and any of the information contained in them, are not  
9 subject to discovery by subpoena or admissible as evidence in a civil  
10 proceeding, and are not subject to public disclosure as provided in RCW  
11 42.56.360.

12 (3) The department shall:

13 (a) Provide oversight of the health care-associated infection  
14 reporting program established in this section;

15 (b) By ~~((January 1, 2011))~~ November 1, 2013, and biennially  
16 thereafter, submit a report to the appropriate committees of the  
17 legislature ~~((based on the recommendations of the advisory committee~~  
18 ~~established in subsection (5) of this section for additional reporting~~  
19 ~~requirements related to health care associated infections, considering~~  
20 ~~the methodologies and practices of the United States centers for~~  
21 ~~disease control and prevention, the centers for medicare and medicaid~~  
22 ~~services, the joint commission, the national quality forum, the~~  
23 ~~institute for healthcare improvement, and other relevant~~  
24 ~~organizations))~~ that contains: (i) Categories of reporting currently  
25 required of hospitals under subsection (2)(a) of this section; (ii)  
26 categories of reporting the department plans to add, delete, or modify  
27 by rule; and (iii) a description of the evaluation process used under  
28 (d) of this subsection;

29 (c) ~~((Delete, by rule, the reporting of categories that the~~  
30 ~~department determines are no longer necessary to protect public health~~  
31 ~~and safety;~~

32 ~~(d))~~ By December 1, 2009, and by each December 1st thereafter,  
33 prepare and publish a report on the department's web site that compares  
34 the health care-associated infection rates at individual hospitals in  
35 the state using the data reported in the previous calendar year  
36 pursuant to subsection (2) of this section. The department may update  
37 the reports quarterly. In developing a methodology for the report and

1 determining its contents, the department shall consider the  
2 recommendations of the advisory committee established in subsection (5)  
3 of this section. The report is subject to the following:

4 (i) The report must disclose data in a format that does not release  
5 health information about any individual patient; and

6 (ii) The report must not include data if the department determines  
7 that a data set is too small or possesses other characteristics that  
8 make it otherwise unrepresentative of a hospital's particular ability  
9 to achieve a specific outcome; ~~(and~~

10 ~~(e))~~ (d) Evaluate, on a regular basis, the quality and accuracy of  
11 health care-associated infection reporting required under subsection  
12 (2) of this section and the data collection, analysis, and reporting  
13 methodologies; and

14 (e) Provide assistance to hospitals with the reporting requirements  
15 of this chapter including definitions of required reporting elements.

16 (4) The department may respond to requests for data and other  
17 information from the data required to be reported under subsection (2)  
18 of this section, at the requestor's expense, for special studies and  
19 analysis consistent with requirements for confidentiality of patient  
20 records.

21 (5)(a) The department shall establish an advisory committee which  
22 may include members representing infection control professionals and  
23 epidemiologists, licensed health care providers, nursing staff,  
24 organizations that represent health care providers and facilities,  
25 health maintenance organizations, health care payers and consumers, and  
26 the department. The advisory committee shall make recommendations to  
27 assist the department in carrying out its responsibilities under this  
28 section, including making recommendations on allowing a hospital to  
29 review and verify data to be released in the report and on excluding  
30 from the report selected data from certified critical access hospitals.  
31 ~~((Annually, beginning January 1, 2011, the advisory committee shall~~  
32 ~~also make a recommendation to the department as to whether current~~  
33 ~~science supports expanding presurgical screening for methicillin-~~  
34 ~~resistant staphylococcus aureus prior to open chest cardiac, total hip,~~  
35 ~~and total knee elective surgeries.))~~

36 (b) In developing its recommendations, the advisory committee shall  
37 consider methodologies and practices related to health care-associated  
38 infections of the United States centers for disease control and

1 prevention, the centers for medicare and medicaid services, the joint  
2 commission, the national quality forum, the institute for healthcare  
3 improvement, and other relevant organizations.

4 (6) The department shall adopt rules as necessary to carry out its  
5 responsibilities under this section.

6 **Sec. 2.** RCW 43.70.056 and 2013 c ... s 1 (section 1 of this act)  
7 are each amended to read as follows:

8 (1) The definitions in this subsection apply throughout this  
9 section unless the context clearly requires otherwise.

10 (a) "Health care-associated infection" means a localized or  
11 systemic condition that results from adverse reaction to the presence  
12 of an infectious agent or its toxins and that was not present or  
13 incubating at the time of admission to the hospital.

14 (b) "Hospital" means a health care facility licensed under chapter  
15 70.41 RCW.

16 (2)(a) A hospital shall collect data related to health  
17 care-associated infections as required under this subsection (2) on the  
18 following:

19 (i) Central line-associated bloodstream infection in all hospital  
20 inpatient areas where patients normally reside at least twenty-four  
21 hours;

22 (ii) Surgical site infection for ~~((the following procedures:~~  
23 ~~(A) Deep sternal wound for cardiac surgery, including coronary~~  
24 ~~artery bypass graft;~~  
25 ~~(B) Total hip and knee replacement surgery; and~~  
26 ~~(C))~~ colon and abdominal hysterectomy procedures.

27 (b) The department shall, by rule, delete, add, or modify  
28 categories of reporting when the department determines that doing so is  
29 necessary to align state reporting with the reporting categories of the  
30 centers for medicare and medicaid services. The department shall begin  
31 rule making forty-five calendar days, or as soon as practicable, after  
32 the centers for medicare and medicaid services adopts changes to  
33 reporting requirements.

34 (c) A hospital must routinely collect and submit the data required  
35 to be collected under (a) and (b) of this subsection to the national  
36 healthcare safety network of the United States centers for disease

1 control and prevention in accordance with national healthcare safety  
2 network definitions, methods, requirements, and procedures.

3 If the centers for medicare and medicaid services changes reporting  
4 from the national healthcare safety network to another database or  
5 through another process, the department shall review the new reporting  
6 database or process and consider whether it aligns with the purposes of  
7 this section.

8 (d) Data collection and submission required under this subsection  
9 (2) must be overseen by a qualified individual with the appropriate  
10 level of skill and knowledge to oversee data collection and submission.

11 (e)(i) A hospital must release to the department, or grant the  
12 department access to, its hospital-specific information contained in  
13 the reports submitted under this subsection (2), as requested by the  
14 department consistent with RCW 70.02.050.

15 (ii) The hospital reports obtained by the department under this  
16 subsection (2), and any of the information contained in them, are not  
17 subject to discovery by subpoena or admissible as evidence in a civil  
18 proceeding, and are not subject to public disclosure as provided in RCW  
19 42.56.360.

20 (3) The department shall:

21 (a) Provide oversight of the health care-associated infection  
22 reporting program established in this section;

23 (b) By November 1, 2013, and biennially thereafter, submit a report  
24 to the appropriate committees of the legislature that contains: (i)  
25 Categories of reporting currently required of hospitals under  
26 subsection (2)(a) of this section; (ii) categories of reporting the  
27 department plans to add, delete, or modify by rule; and (iii) a  
28 description of the evaluation process used under (d) of this  
29 subsection;

30 (c) By December 1, 2009, and by each December 1st thereafter,  
31 prepare and publish a report on the department's web site that compares  
32 the health care-associated infection rates at individual hospitals in  
33 the state using the data reported in the previous calendar year  
34 pursuant to subsection (2) of this section. The department may update  
35 the reports quarterly. In developing a methodology for the report and  
36 determining its contents, the department shall consider the  
37 recommendations of the advisory committee established in subsection (5)  
38 of this section. The report is subject to the following:

1 (i) The report must disclose data in a format that does not release  
2 health information about any individual patient; and

3 (ii) The report must not include data if the department determines  
4 that a data set is too small or possesses other characteristics that  
5 make it otherwise unrepresentative of a hospital's particular ability  
6 to achieve a specific outcome;

7 (d) Evaluate, on a regular basis, the quality and accuracy of  
8 health care-associated infection reporting required under subsection  
9 (2) of this section and the data collection, analysis, and reporting  
10 methodologies; and

11 (e) Provide assistance to hospitals with the reporting requirements  
12 of this chapter including definitions of required reporting elements.

13 (4) The department may respond to requests for data and other  
14 information from the data required to be reported under subsection (2)  
15 of this section, at the requestor's expense, for special studies and  
16 analysis consistent with requirements for confidentiality of patient  
17 records.

18 (5)(a) The department shall establish an advisory committee which  
19 may include members representing infection control professionals and  
20 epidemiologists, licensed health care providers, nursing staff,  
21 organizations that represent health care providers and facilities,  
22 health maintenance organizations, health care payers and consumers, and  
23 the department. The advisory committee shall make recommendations to  
24 assist the department in carrying out its responsibilities under this  
25 section, including making recommendations on allowing a hospital to  
26 review and verify data to be released in the report and on excluding  
27 from the report selected data from certified critical access hospitals.

28 (b) In developing its recommendations, the advisory committee shall  
29 consider methodologies and practices related to health care-associated  
30 infections of the United States centers for disease control and  
31 prevention, the centers for medicare and medicaid services, the joint  
32 commission, the national quality forum, the institute for healthcare  
33 improvement, and other relevant organizations.

34 (6) The department shall adopt rules as necessary to carry out its  
35 responsibilities under this section.

36 ***\*NEW SECTION. Sec. 3. Section 1 of this act expires July 1, 2017.***  
*\*Sec. 3 was vetoed. See message at end of chapter.*

1        NEW SECTION.    **Sec. 4.**    Section 2 of this act takes effect July 1,  
2    2017.

Passed by the House April 26, 2013.

Passed by the Senate April 24, 2013.

Approved by the Governor May 21, 2013, with the exception of  
certain items that were vetoed.

Filed in Office of Secretary of State May 21, 2013.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to Section 3, House  
Bill 1471 entitled:

"AN ACT Relating to updating and aligning with federal  
requirements hospital health care-associated infection rate reporting."

This bill requires the Department of Health to update hospital  
reporting requirements for health care-associated infections to align  
with nationally recommended measures. These measures add value to  
the public and advance patient safety. The bill also gives the  
Department important rule-making authority to stay consistent with  
federal requirements.

However, I am vetoing Section 3 of the bill because Section 3 would  
make Section 1 expire in 2017. Section 1 makes needed substantive  
changes that I do not believe should expire, nor was that the intent  
of the legislature.

For these reasons I have vetoed Section 3 of House Bill 1471. With  
the exception of Section 3, House Bill 1471 is approved."